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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MAY 27 2004

In re application of:

Robert S. Matson

Serial No: 09/675,020

Filed: September 28, 2000

For: DEVICE AND APPARATUS FOR PROCESSING
BIOMOLECULE ARRAYS

Art Unit: 1641

Examiner: Davis, Deborah A.

OFFICE OF PETITIONS

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents
P. O. Box 1450,
Alexandria, VA 22313-1450 on
May 19, 2004

Date of Deposit
Diane Zynn

Name
Diane Zynn 05/19/04
Signature Date

Mail Stop Petition
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ A Petition Pursuant To 37 C.F.R. § 1.137(B) For Revival Of An Unintentionally Abandoned Application And Conditional Petition For Extension Of Time with a \$1,330 check are enclosed.
- ☒ A Request for Continued Examination (RCE) with a \$770 check are enclosed.
- ☒ No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	27	-	30 **	0	LG=\$18 SM=\$9	\$0	\$ 0
INDEPENDENT CLAIMS FEE	2	-	3 ***	0	LG=\$86 SM=\$42	\$0	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140		\$ 0
Independent Claims: 1 and 22					TOTAL		\$ 0

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By:

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